

242644

CLASS C AMENDMENT FORM

<p>File the original with:</p> <p>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</p>	<p>Mail or fax a copy to:</p> <p>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</p>
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RECEIVED

APR - 3 2013

ORS
T.T.W.W/W

DATE: 4-2-13

Docket # 2012-36-T

I have the following Certificate:

☐ Class C Taxi # _____
 ☒ Class C Charter # 8594
☐ Class C Charter Bus # _____

☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

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APR 0 3 2013

From: _____ DBA: _____
 (Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
 (New Name) (New DBA if applicable)

☐ **Scope of Authority**
 From: _____ To: _____
 (Current Scope) (New Scope)

☒ **Passenger Limit**
 From: 7 To: 15
 (Current Limit Number) (New Limit Number)

VIP Solution's, LLC
Joseph M. McCabe
 Name & DBA if DBA is applicable)

Columbia S.C. 29204
 (City, State, Zip Code)

803-546-0613
 (Telephone Number)

2922 Pruitt Dr
 (Street and/or Mailing Address)

[Signature]
 (Signature)

Owner
 (Title) Owner, President, etc.